

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mordahn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000092168 (1)

1. Corporation Name

TIDEWATER LANDSCAPE MANAGEMENT OF FLORIDA, INC.



Principal Place of Business

5059 SUNBEAM RD.
JACKSONVILLE FL 32217

Mailing Address

5059 SUNBEAM RD.
JACKSONVILLE FL 32217

3. Date Incorporated or Qualified
12/21/1994

3a. Date of Last Report
07/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

BRANT MOORE SAPP MACDONALD & WELLS, P.A.
50 N. LAURA ST.
SUITE 3100
JACKSONVILLE FL 32202

4. FEI Number
59-3293375

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Agent for Service of Process (If Agent for Service of Process, Signature of Registered Agent is Not Required) Date

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DELOACH, EDDIE W
5059 SUNBEAM RD.
JACKSONVILLE FL 32217

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DELOACH, JAMES M JR.
5059 SUNBEAM RD.
JACKSONVILLE FL 32217

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DELOACH, CYNTHIA D
5059 SUNBEAM RD.
JACKSONVILLE FL 32217

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-ST-ZIP

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-ST-ZIP

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY-ST-ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY-ST-ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or Supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the registered agent or trustee or custodian or authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-96 912 965-1194

CR2E034 (12/95)